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PTO/SB/05 (4/98) Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

11-067

rirst i	nventor or Application Identifier	SHIRAI et a
Title	DISTANCE MEASUREMENT	APPARATUS

Attorney Docket No.

(Only for new nonprovisional applications under 37 C F.R.§ 1.53(b) Express Mail Label N Assistant Commissioner for Patent APPLICATION ELEMENTS Box Patent Application Washington, DC 20231 ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) X 5 Microfiche Computer Program (Appendix) X Specification [Total Pages 46 Nucleotide and/or Amino Acid Sequence Submission ß (if applicable, all necessary) -Descriptive title of the Invention а Computer Readable Copy -Cross Reference to Related Applications Paper Copy (identical to computer copy) С -Background of the Invention Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS -Summary of the Invention -Brief Description of the Drawings х Assignment Papers (cover sheet & document(s)) -Detailed Description of the Preferred Embodiment -Claims 37 C.F.R.§ 3.73(b) Power of Attorney 8 (when there is an assignee) -Abstract of the Disclosure 9 English Translation Document (if applicable) Information Disclosure х Drawing(s) (35 U.S.C. 113) Copies of IDS Total Sheets 10 Statement (IDS)/PTO-1449 Citations Oath or Declaration 4 Total Sheets Preliminary Amendment х Return Receipt Postcard (MPEP 503) Newly executed (original or copy) (should be specifically itemize *Small Entity Copy from a prior application (37 C.F.R. .§ 1.63 (d)) Statement(s) h Statement fled in prior application, 13. (for continuation/divisional with Box 16 completed (PTO/SB/09-12) Status still proper and desired Certified Copy of Priority Document(s) DELETION OF INVENTOR(S)
Signed statement attached deleting х 14 (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15 NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTIT FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28) If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: Prior application information: Examiner_ Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 17. CORRESPONDENCE ADDRESS or Correspondence address below (Insert Customer No. of Atta here) 23400 PATENT & TRADEMARK OFFICE Name Address City Zip Code State Country Fax Teleohone (202) 416-1638 (202) 416-1639 Name (Print/type) DAVID G. POSZ Registration No. (Attorney/Agent) 37.701 10.12

Burden Hour Statement: This form is estimated to take 0.2 hours to comments on the amount of time you are required to complete this for Washington, DC 20231. DO NOT SEND FEES OR COMPLETED F. Patent Application, Washington, DC 20231. ete. Time will vary depending upon the needs of the individual case. Any culd be sent to the Chief Information Officer, Patent and Trademark Office TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents.

LAW OFFICE OF

DAVID G. POSZ

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October 16, 2001

(202) 416-1638 FAX (202) 416-1639 POSZLAW.COM

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

Sir:

OIPE HAND DELIVERY FILING CERTIFICATE

Applicant: SHIRAI et al.

Applicant. Of invalet al

For:

DISTANCE MEASUREMENT APPARATUS

Docket:

11-067

Attornev:

David G. Posz

Date of Deposit:

October 16, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1803, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies):
- fee calculation form (2 copies):
- 46 page specification (10 numbered claims);
- 6 sheets of formal drawings;
- · executed declaration/power of attorney
- · executed assignment and recordation cover sheet
 - IDS with PTO-1449 form and 4 references
 - 1 certified copy of 1 priority document (JP 2000-377205); and
 - check for \$864.

David G. Posz Attorney For Applicat Reg. No. 37,701

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information pulses it displayers as we

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I FEE TRANSMITTA		Complete if Known					
	Application Number						
for FY 2002	Filing Date	October 16, 2001					
Patent fees are subject to annual revision.	First Named Inventor	SHIRAI et al.					
r dioni roos dre subject to annual revision.	Examiner Name						
	Group/Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 864	Attorney Docket No.	11-067					

METHOD OF PAYMENT (check one) FEE CALCIII ATION (continued)						
	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				FEES		
	Large I	Entity Fee	Small E	Entity Fee	Fee Description	Fee Paid
Deposit Account 50-1147	Code	(\$)	Code	(\$)		
Number 30-1147	105	130	205	65	Surcharge - late filing fee or oath	
	127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	
Deposit Account Name LAW OFFICE OF DAVID G. POSZ	139	130	139	130	Non-English specification	
Charge Any Additional Fee Required 147 2,520 147 2,520 For filling a request for reexamination 148 2,520 149 2,520 For filling a request for reexamination				\vdash		
New Payment Enclosed:	112	920*	112	920*	. Requesting publication of SIR prior to	
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Check Money Other Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE	116	400	216	200	Extension for reply within second month	
Large Entity Small Entity	117	920	217	460	Extension for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1440	218	720	Extension for reply within fourth month	
101 740 201 370 Utility filing fee 740	128	1960	228	980	Extension for reply within fifth month	
106 330 206 165 Design filling fee	119	320	219	160	Notice of Appeal	\vdash
107 510 207 255 Plant filing fee	120	320	220	160	Filling a brief in support of an appeal	
108 740 208 370 Relssue filing fee	121	280	221	140	Request for oral hearing	
114 160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (c) 740	140	110	240	55	Petition to revive – unavoidable	
(*) 740	141	1,280	241	640	Petition to revive – unintentional	
2. EXTRA CLAIM FEES Fee from	142	1,280	242	640	Utility issue fee (or reissue)	
Extra Claims Below Fee Paid	143	460	243	230	Design issue fee	
Total Claims 10 -20**= 0 × 18 * 0	144	620	244	310	Plant issue fee	
Claims 4 -3 - 1 \ 84 - 84	122	130	122	130	Petitions to the Commissioner	
Multiple Dependent	123	50	123	50	Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126	180	126	180	Submission of information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	40
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 84 202 42 Independent claims in excess of 3	149	740	249	370	For each additional invention to be examined (37 CFR § 1,129(b))	
104 280 204 140 Multiple dependent claim, if not paid	SAMILITION (OF GFT & 1.128(D))					
109 84 209 42 **Reissue Independent claims over original patent	Other fe	e (speci	fy)			
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fe	e (speci	ify)			\vdash
SUBTOTAL (2) (5) 84 *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (5) 40						

SUBMITTED BY	Complete (if applicable)			
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent) 37,701	Telephone	(202) 416-1638
Signature	1/60) (S		Date	10.16.01

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